

ACCOUNT NUMBER

- General Membership (Joint or Individual)
- Custodial Representative Payee
- UGTM/UTMA Guardian
- Estate
- Living Trust

Cinfed Credit Union Membership Application

MEMBERSHIP QUALIFICATION: I live, work, worship, attend school or regularly do business in the following County:

- Brown
- Butler
- Clermont
- Hamilton
- Warren
- Dearborn
- Ohio
- Union
- Boone
- Bracken
- Campbell
- Gallatin
- Grant
- Kenton
- Mason
- Pendleton

PRIMARY MEMBER:

Non-Resident Alien: Yes No

Last Name First Name MI

Physical Address City State Zip SSN Verified

Employer Occupation Mother's Maiden Name Date of Birth

Cell Phone Number Home Phone Number Work Phone Number Email Address

Check if mailing address is same as Physical Address.

Mailing Address City State Zip

ADDITIONAL SIGNERS/JOINT OWNERS:

Non-Resident Alien: Yes No

Last Name First Name MI SSN Verified Date of Birth

Physical Address City State Zip Mother's Maiden Name

Relationship to Primary Employer Occupation

Cell or Home Phone Number Work Phone Number Email Address

Non-Resident Alien: Yes No

Last Name First Name MI SSN Verified Date of Birth

Physical Address City State Zip Mother's Maiden Name

Relationship to Primary Employer Occupation

Cell or Home Phone Number Work Phone Number Email Address

Non-Resident Alien: Yes No

Last Name First Name MI SSN Verified Date of Birth

Physical Address City State Zip Mother's Maiden Name

Relationship to Primary Employer Occupation

Cell or Home Phone Number Work Phone Number Email Address

TO BE COMPLETED BY CREDIT UNION PERSONNEL: Date: _____

Received by: _____ Branch: _____ New Account Close and Reopen CIP Form

Update Beneficiary(ies) Other: _____

Name Change: Joint Primary Former Name: _____

Joint Owner Change: Add _____ Remove _____

To help protect your interest and the interest of Cinfed, we have a few questions regarding all new accounts. This allows us to get to know you and what type of activity to expect on the account.

1. Will this be your primary savings or checking account? Yes No
2. Will you have direct deposit or automatic deductions attached to this account? Yes No
3. On average, how frequently will deposits be made? _____
4. What is the average amount of the deposits? _____
5. Do you anticipate sending/receiving frequent wire transfers? Yes No
6. Which of these ranges includes your annual household income?
 Less than \$50,000 \$50,001 to \$100,000 \$100,001 to \$150,000 More than \$150,000
7. Are you or any of your relatives or associates connected to the government of a country other than the United States? Yes No
8. Do you anticipate any transactions to originate or have a destination outside of the US? Yes No

PAYABLE ON DEATH (Optional)

As owner of the above designated account, I hereby instruct Cinfed Credit Union that this account is payable to the owner(s) during their lifetime and upon the death of the last account owner, payable to any named and surviving POD payee/beneficiary designated on this Membership Application. Accounts payable to more than one POD payee/beneficiary are owned jointly by such payees with rights of survivorship. The credit union shall at no time have any obligation whatsoever to notify any payee of the existence of any account or the vesting of the payee's interest in any account, except as otherwise provided by law. **By signing this form I hereby revoke and cancel and all payable on death designation(s) previously made by me with respect to the above listed account.**

PAYEE(S)/BENEFICIARY(IES)

Additional Payees/Beneficiaries listed on Separate Sheet

Name	Date of Birth	SSN	Phone Number
Address	City	State	Zip
Name	Date of Birth	SSN	Phone Number
Address	City	State	Zip
Name	Date of Birth	SSN	Phone Number
Address	City	State	Zip
Name	Date of Birth	SSN	Phone Number
Address	City	State	Zip

AUTHORIZATION: I certify that the above information is true and complete. I authorized the credit union to obtain verification of my credit and employment to determine my eligibility for membership and for the purpose of considering me for additional financial products and services both now and in the future. I understand that Cinfed Credit Union will be taking a security interest in any and all accounts (except individual retirement accounts) listed in my name and in the event of default, I authorize Cinfed Credit union to apply same account to payment of said obligations.

"Under perjury of penalty, I certify one that the number shown on this form is my correct taxpayer identification number and two that I am not subject to any back up withholding for either because I have not been notified that I am subject to backup withholding as a result of failure to report all interest or dividends, or The internal revenue service has notified me that I am no longer subject to back up withholding."

By signing below the undersigned agreed to the bylaws of this credit union and applicable account terms and conditions, as amended from time to time, and to pay any membership or entrance fee. The undersigned acknowledge that this membership application applies to current and future accounts Added to this account number. The undersigned certify that the information provided on this agreement is true and correct and that the terms on this agreement apply to all listed accounts. The undersigned will notify credit union of any physical and or mailing address changes. The undersigned acknowledge receipt of a copy of the terms and conditions applicable to each listed account and the following policy disclosures:

- Funds Availability Electronic Fund Truth in Savings Privacy policy CIP

Signature Date

Signature Date

Signature Date

Signature Date